

# DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. 15397-6-1

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **INVERSE SKEWING OF THE LYMPHOCYTE REPERTOIRE FOR THERAPY AND PREVENTION OF DISEASE** the specification of which is attached hereto or X was filed on May 31, 1995 as Application Serial No. 08/454,653 and was amended on \_\_\_\_\_ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

Country	Application No.	Date of Filing	Priority Claimed Under 35 USC 119
None			
			Yes _____ No _____

I claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Date of Filing	Status
08/251,707	May 31, 1994	_____ Patented <u>X</u> Pending _____ Abandoned
		_____ Patented _____ Pending _____ Abandoned

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Steven W. Parmelee, Reg. No. 31,990

James M. Heslin, Reg. No. 29,541

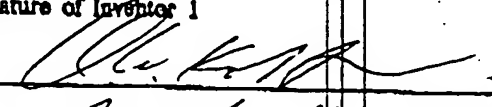
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Full Name of Inventor 1	Last Name Hoffmann	First Name Geoffrey	Middle Name or Initial W.
Residence & Citizenship	City Vancouver	State/Foreign Country Canada	Country of Citizenship Australia
Post Office Address	Post Office Address 3311 Quesnel Drive	City Vancouver, B.C.	State/Country Canada
			Zip Code V6S 1Z7

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1	
Date	August 4, 1995

BEST AVAILABLE COPY

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS  
(37 CFR 1.9(f) & 1.27(c)) - SMALL BUSINESS CONCERN

Applicant or Patentee: Geoffrey W. Hoffmann

Serial or Patent No.: 08/454,653

Filed or Issued: May 31, 1995

Title: INVERSE SKEWING OF THE LYMPHOCYTE REPERTOIRE FOR THERAPY AND PREVENTION OF DISEASE

I hereby declare that I am

- ☐ the owner of the small business concern identified below:  
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN: Immune Network Research Ltd.

ADDRESS OF SMALL BUSINESS CONCERN: 3650 Westbrook Mall, Vancouver, B.C. Canada V6S 2L2

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 CFR 121.12, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled INVERSE SKEWING OF THE LYMPHOCYTE REPERTOIRE FOR THERAPY AND PREVENTION OF DISEASE by inventor Geoffrey W. Hoffmann described in

- ☐ the specification filed herewith  
☒ application serial no. 08/454,653, filed May 31, 1995  
☐ patent no. \_\_\_\_\_, issued \_\_\_\_\_

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING

Geoffrey W. Hoffmann

TITLE OF PERSON IF OTHER THAN OWNER

President

ADDRESS OF PERSON SIGNING

3650 Westbrook Mall, Vancouver, B.C., Canada V6S 2L2

SIGNATURE

DATE

August 4, 1995